Alaska's SHARP Program SHARP Council – Member Statement

Organization Mat-Su Health Foundation
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Occupation Categories Healthcare Workforce Overall

Practice Setting Types Healthcare Workforce, esp in Mat-Su

Experience Thus Far

Occupations To-Date Physician, Pharmacist, Psychologist, LCSW, LMFT, LPC, PA, NP, RN,

Midwife, Dentist, RDH

Practitioner Contracts #: 31

Practice Sites: Examples AK Fam Srv, CODI, DFS, MSHS, Prov-Mat-Su, SCF, and Sunshine

Regions Thus Far Mat-Su Region

Testimony

SHARP's Success To-Date The Mat-Su Health Foundation (MSHF) has been providing healthcare

workforce scholarships for over 10 years. In 2017, MSHF awarded \$721,400 to 128 college or college bound students, and 23 vocational scholarships totaling \$68,636. We have also provided Leadership Development scholarships for training programs that build a stronger nonprofit sector in the Mat-Su Valley by providing grants and scholarships to executive, boards, and managers through the Certificate in Nonprofit Management and Catalyst for Excellence, and Triple Impact Leadership program, offered by. MSHF contributed \$25,000 spread over three years, 2017, 2018, and 2019, in support of the SHARP program,

specifically for Mat-Su Behavioral Health Clinicians. The

Foundation in committed to filling gaps in the

Mat-Su healthcare workforce and believes that loan repayment is an

important tool in our efforts.

Need for SHARP-3

Workforce development is the key driver in all three focus areas, that represent the major work of the Mat-Su Health Foundation. Of the 25 occupations expected to grow the most in Alaska, 18 are related to healthcare. As the Mat-Su grows, so does the need for highly trained and educated healthcare workforce. The Mat-Su Behavioral Health Environmental Scan: Report 2 indicated that recruiting and retaining an effective behavioral health workforce is difficult in states with large rural populations like Alaska. Both Alaska and Mat-Su are designated, "federal

mental health shortage areas" with only 23 percent of need met in Alaska. The top reasons mentioned by providers for empty positions were limited qualified workforce and inability to offer competitive wages/benefits. Employers are not able to retain employees due to burn out and again inability to offer competitive wages/benefits. Data was the driving force for MSHF to fill the gap in support of the SHARP Program. SHARP 3 is a great model that includes public and private partnership, with expanded loan repayment, partnership funding, and a standard program administration fee. This strategy is to expand practitioner and site eligibility as a result increasing the number and variety of health professional who participate. The SHARP-3 program will play a critical role in recruitment, retention and distribution of health professionals for Alaska.